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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/601,481 Confirmation No.: 8944
Applicant : Fensome et al.
Filed : June 23, 2003
TC/A.U. : 1614
Examiner : R. Henley, III
Customer No. : 38199
Title : METHODS OF TREATING HORMONE-RELATED
CONDITIONS USING CYCLOTHIOCARBAMATE
DERIVATIVES

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE AND AMENDMENT

Sir:

This paper is in response to the Office Action dated September 8, 2004 and made final. Applicants request entry of the amendments presented herein which are believed to comply with all requirements of form and place the application in condition for allowance. Alternatively, Applicants request entry of these amendments as they are believed to reduce the issues for appeal.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 17 of this paper.

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Total Number of Pages in This Submission 19

Application Number	10/601,481
Filing Date	June 23, 2003
First Named Inventor	Fensome et al.
Art Unit	1814
Examiner Name	R. Henley, III
Attorney Docket Number	AHPWA25AUSA

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

Customer No. 38199

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Howson and Howson		
Signature	<i>Cathy A. Kodron</i>		
Printed name	Cathy A. Kodron		
Date	12-3-2004	Reg. No.	33,980

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Typed or printed name	Tracy U. Palovich	Date	12/3/04

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